



## 50+ Draft Wednesday Softball League Sign Up

First Name	Last Name_			
Address	City, State, Z	Zip		
Home Phone	Work Phone	<u> </u>		
Primary E-mail Address				
Must turn 50 by 12 (Age as of 12/31/17)	2/31/18			
Can you pitch?yes	no			
Men's 50 Draft League Sig	<b>n up</b> : Spring #5037-\$25	<u>Summer #5038- \$25</u>	Both 5039-\$45	
Liability Waiver In consideration of being allowed to particip facilities, equipment or machinery, I, being West Des Moines, its officials and officers, every kind which may arise out of or relate release of liability is full and complete, and it the activity which is the subject matter of this Photographic Release: Participants do hereb recordings made by the City during the Partisuch photographs or recordings.  It is understood that all participants agree to any such laws, rules, and regulations, may be	of legal age, do hereby assume full responsi- employees, agents and representatives, from to my participation in the activity that is the ncludes all injuries, damages, losses, known is executed form.  If y grant and convey unto the City all right, to cipant's Activities with the City, including, to abide by all applicable local, state, and feder	bility for any risk, and waive any and all liability claims, a e subject matter of this exec or unknown, which may here itle, and interest in any and a out not limited to, any royalti- al laws, rules, and regulations	e, release, and forever discharge to causes of action, demands, and ex- uted form. I further acknowledge eafter develop as related to or arise. All photographic images and videous, proceeds, or other benefits der es, and that any participants in viol	he City of expenses of the that this sing out of o or audio rived from
any saon area, raics, and regulations, may o				
Information: Teams will be f teams by balancing ages & ability December 31, 2018 in order to pa Cost: \$25.00 per season \$45.00 Spring Season Deadline: We	ities. Umpire, Scorekeeper & Garticipate. for both seasons (Non Resident f	me Ball provided. Pla	empts will be made to for eyers must turn 50 years of	
For office use only: Date Received	Received By	Fees Collected	Date Inputted	
Time Received	Check From	Check #	Inputted By	
Circle One  MasterCard Discover	Credit Card Number		Last 3 #'s on back of card	
Visa	Printed Name	Signature	Exp. Date	